

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)**

SERIAL NO. 09/583,201
APPLICANT'S

FILING DATE 5-20-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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50						
TOTAL	4					
TOTAL	19					
TOTAL	23					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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